

United States Bankruptcy Court  
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box  
(Houston Division)

PROOF OF CLAIM

Name of Debtors

☒ Stage Stores, Inc., a Delaware corporation  
☐ Specialty Retailers, Inc., a Texas corporation  
☐ Specialty Retailers, Inc. (NV), a Nevada corporation

\*place an "x" beside the name of the Debtor you are filing a claim against

Case Number

00-35078-H2-11  
 00-35079-H2-11  
 00-35080-H2-11

Creditor ID#: 788-4763

United States Bankruptcy Court  
Southern District of Texas  
FILED

JUL 03 2000

Michael N. Milby, Clerk

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Aquent Partners

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

\*\*\*\*\*AUTO\*\*MIXED AADC 900

Aquent Partners  
 PO Box 5407  
 Boston MA 02206-0001

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☒ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:

11104

Check here ☐ replaces if this claim ☐ amends a previously filed claim, dated: \_\_\_\_\_

## 1. Basis for Claim

- ☐ Goods sold  
☒ Services performed  
☐ Money loaned  
☐ Personal injury/wrongful death  
☐ Taxes  
☐ Other \_\_\_\_\_

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)  
☐ Wages, salaries, and compensation (Fill out below)

Your SS#: \_\_\_\_\_

Unpaid compensation for services performed  
 from \_\_\_\_\_ to \_\_\_\_\_  
 (date) (date)

2. Date debt was incurred: 2/21/00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 467.50

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle  
☐ Other All personal and intangible property of Debtor's Estate

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ \_\_\_\_\_

## 6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

Wages, salaries, or commissions (up to \$4,300)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).

☐ Up to \$1,950\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).

☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a-\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

This Space is for Court Use Only

Date

6/30/00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Leigh Kempinski Accts. Reciev. Manager

1024

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



Copy

**77025**

Kirste Reimers  
Stage Stores, Inc.  
10201 South Main

Houston, TX 77025

Invoice Number:	260-4514
Invoice Date:	2/21/2000
Customer Number:	11104

Thank you for using Aquent Partners. If you have any questions, or if any billing information is incorrect, please call us at:

**1-877-PARTNER**

Employee Name:	Carlos Hernandez
Week Ending:	2/20/2000
Ordered By:	Kirste Reimers (713) 669-2713
Reported To:	Kirste Reimers (713) 669-2713
PO Number:	

Hours x Rate = Total			
Regular Hours:	11.00	\$42.50	\$467.50
Overtime Hours:	0.00	\$0.00	\$0.00
Other Hours:	0.00	\$0.00	\$0.00
Subtotal:			\$467.50
Tax (if applicable):			\$0.00
Original Amt Due:			\$467.50
6/30/2000	Balance Due:		\$467.50

Additional Information:

Please include invoice numbers on remittance.

Federal Tax I.D. # 04-2928658

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Please feel free to use this space to comment on our service.

Please include invoice numbers on remittance.  
Make checks payable to Aquent, Inc.

**Aquent**  
**P.O. Box 84-5407**  
**Boston, MA 02284-5407**

**TERMS: PAYABLE UPON RECEIPT**

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6/30/2000	Balance Due: \$467.50